

# INTERSECTIONS: IDENTITY, ACCESS, & EQUITY

THE REPORT  
ON THE STATUS  
OF WOMEN  
AND GIRLS  
IN CALIFORNIA™  
2019



Mount Saint Mary's University  
LOS ANGELES

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The data explored in *The Report on the Status of Women and Girls in California*<sup>™</sup> is informative, but it is important to note that the Report does not cover all racial and ethnic groups. The Report focuses on the differences among African-American, Asian-American, Latina, and white women who, combined, account for 97 percent of California's female population. Within the remaining three percent of women not accounted for, there are many racial and ethnic groups (e.g., women with multi-racial, multi-ethnic identities) where intersectionality is critical to understanding challenges. However, the statistical approach taken in the Report makes the demographic information on populations of relatively small sizes highly unreliable. The Report relies on the U.S. Census, released every 10 years, and annual updates provided by the American Community Survey (ACS) estimates for much of its data. While the ACS is widely regarded as one of the best databases to understand American communities, there are cases where the data are either not available (designated as "NA") or too limited to be statistically meaningful. We do our best to note these omissions in the Report. Additionally, where ACS data are used, we are bound by the survey questions; in its current form, the ACS does not include questions about sexual orientation or gender identity. These are growing diverse populations that merit attention to inclusion.

## Message from the President

As the only women's university in Los Angeles, we know that there is no one-size-fits-all solution to gender equity. Given the current cultural climate, there is no better theme for *The Report on the Status of Women and Girls in California*<sup>™</sup> than diversity, equity, and inclusion. Intersecting identities like race, socio-economic status, age, sexual identification and orientation, and ability often present different sets of opportunities and challenges.

Due to the breadth of diversity and our desire to provide as much depth for the reader as possible, we cannot look at every category in one report. We start by focusing on race and ethnicity of California women to understand how these identities intersect with others and play a role in women's lives. The Report also

**AS CALIFORNIANS,**  
**WE KNOW THAT**  
**OUR DIVERSITY IS**  
**OUR STRENGTH.**

emphasizes the differences among women rather than comparing men and women broadly as we have done in the past. We believe this is the more compelling story. Understanding this story and the data will empower us all to advocate for California women and girls more effectively.

Beyond diversity, equity and inclusion were priorities as the Center for the Advancement of Women prepared the 2019 Report. This year, we offer insights from resident faculty experts and community partners to better understand the presented data. For its second year, the Center also commissioned faculty and student research articles that make up the 2019 volume of *Collectif* — a digital research anthology that further explores the Report's theme from literary, cultural studies, philosophical, and nursing perspectives. I encourage you to visit the Center's website and read all of these informative articles.

As Californians, we know that our diversity is our strength. And we know that we have much work to do to address persistent inequities faced by women and girls in our state, particularly, as our Report demonstrates, inequities around race and ethnicity. As always, I am inspired by the many women and men working to do just that. Working together, I am confident that we can create a more just future for our state and for our nation.

Sincerely,



Ann McElaney-Johnson, PhD



# WHY FOCUS ON IDENTITY, ACCESS, & EQUITY?

*The Report on the Status of Women and Girls in California™* offers an overview of how women of different races and ethnicities are faring in California. Now in its eighth year, the Report celebrates the gains women have made and the challenges they continue to confront in areas like economic well-being, health and wellness, workforce factors, and safety.

California women are among the most diverse in the nation. Women of various races, ethnicities, sexualities, abilities, religions, and ages make our workplaces, homes, and communities stronger and more dynamic. However, the life experiences of white women and women of color are remarkably different. Our

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reporting has revealed that equal opportunity, empowered voices, and positions of influence are critical to women's advancement. But the hard truth is that women have vastly different experiences that depend greatly on their distinct identities, and those divergent realities often include unequal access to the resources and opportunities that impact women's well-being.

That's why this year's Report orients its focus on identity, access, and equity. Rather than thinking about women as one group, the Report primarily explores the intersections of race, socio-economic status, and age to understand the conditions under which some women thrive and the obstacles that continue to undermine the success of other women across California.

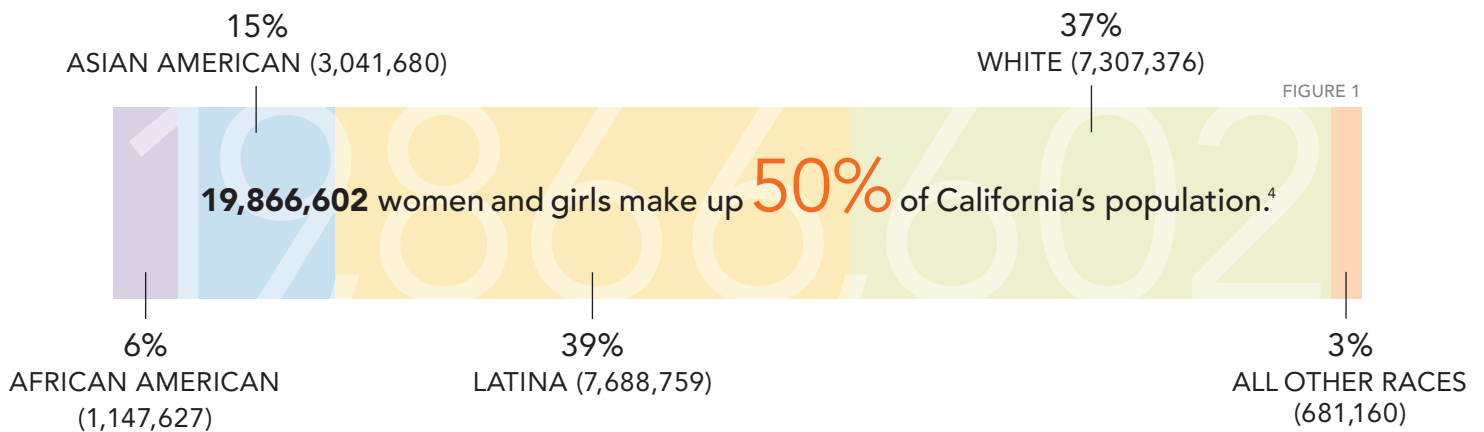
While the Report makes comparisons between women and men, we believe the untold story lies in the differences among women — including some of the forces at work that impact women of color specifically. Created as an at-a-glance visual, the Gender Parity & Inclusion in California chart on page four summarizes our Report findings and illustrates women's progress toward parity both as one group and across racial/ethnic groups. The resulting data can be used to advocate for ourselves and for women in our communities who may not yet have the resources to do so.

# A SNAPSHOT OF WOMEN & GIRLS IN CALIFORNIA

5% of California's women identify as **lesbian, bisexual, or transgender**.<sup>1</sup>

11% of all California women are **differently-abled**, with more than one-third (36%) of women 65 years and over being differently-abled.<sup>2</sup>

8% of California veterans are women; **women veterans** account for less than one percent of California's women.<sup>3</sup>



California's **undocumented population** is estimated to be

**2.5–3 MILLION**

people, roughly half of whom (48%) are women.<sup>5</sup>

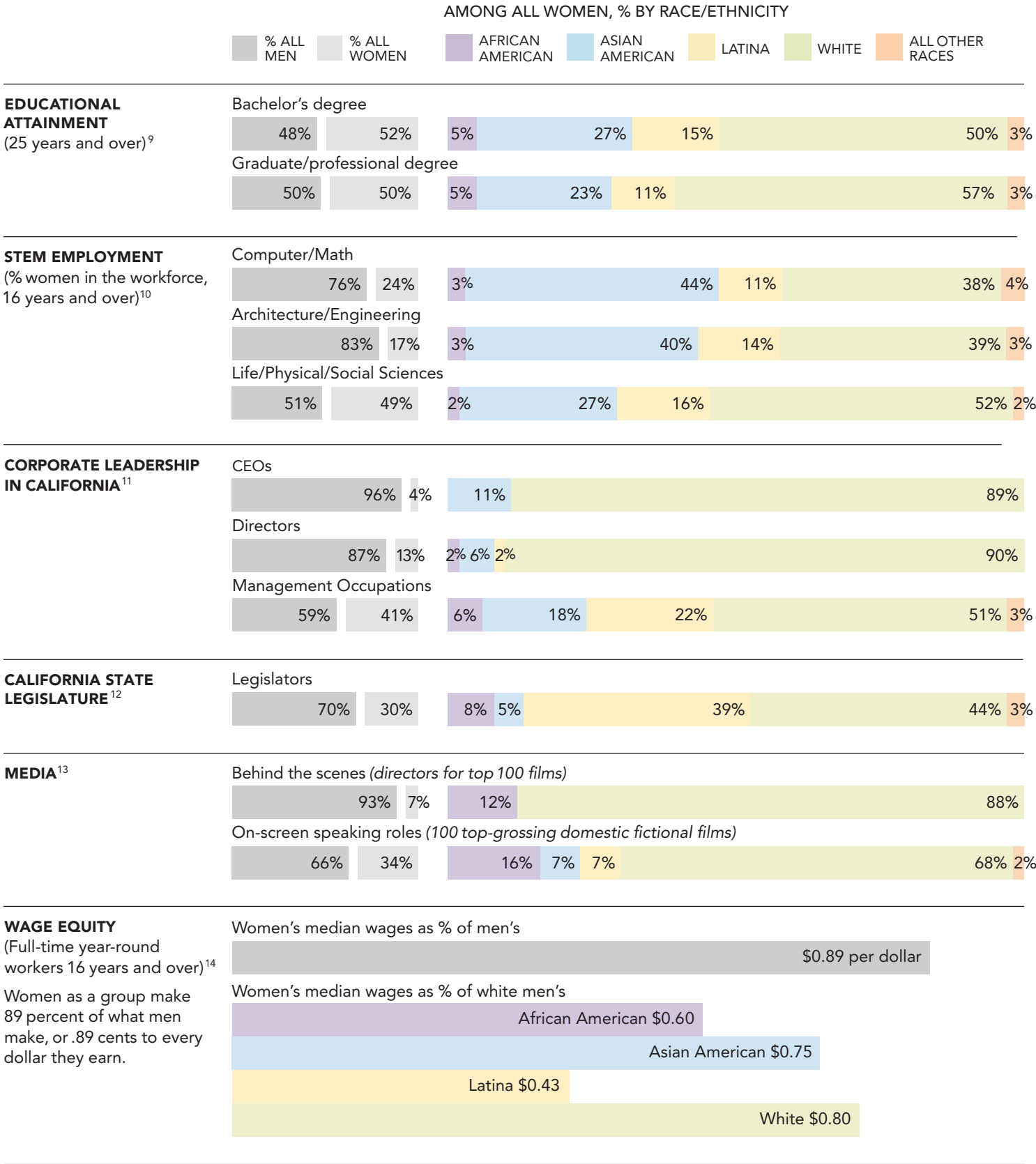
34% of all California women have **never been married**.<sup>6</sup>

38 is the **median age** of California women.<sup>7</sup>

California registers as **1 of 5** states with the **greatest degree of religious diversity** in the nation.<sup>8</sup>

# GENDER PARITY & INCLUSION IN CALIFORNIA

FIGURE 2



# A CLOSER LOOK: WHAT IS INTERSECTIONALITY & WHY IS IT IMPORTANT?

In an era of #MeToo, #TimesUp, and pink hats, the term, “intersectionality,” is enjoying a moment of exposure such that it cannot be missed in public dialogue. The term has garnered new interest in an old concept — the idea that we find ourselves at the intersection of many identities that may have different relationships to power, privilege, oppression, and marginalization. All women, then, cannot simply be gathered under one label — “woman” — with the assumption that the experience of womanhood is common for us all. Rather, overlapping social-group identities (i.e. race, class, sexual orientation, immigration status, etc.) shape the experiences of anyone who identifies

as a woman as much as being a woman shapes her participation in those other social groups. Further, the relationship of power and privilege comes into play both inside and outside of each social-group identity.

One of the best examples of intersectionality comes

from a paper by Kimberlé Crenshaw, a legal scholar who first coined the term while illustrating the concept through a legal case in which African-American women sought redress for discrimination in hiring.<sup>15</sup> The court decided that since the company had hired both women (who were white) and African Americans (who were male), black women should have no special “super-remedy” that combined racial and gender discrimination. Crenshaw argues that since attention was only given to the privileged members of the two distinct groups — “women” and “African Americans” — African-American women, who are members of both marginalized groups at once, faced double discrimination from the court. Crenshaw has also

applied this concept to the erasure of African-American women in the media’s representations of police brutality.<sup>16</sup>

Intersectionality gives us a frame through which we can view and begin to solve a previously obscured problem. As we uncover the experiences of the many individuals under the banner of “woman,” we will begin to discover new ways to lessen discrimination against them and to celebrate their unsilenced voices. However, we must first learn how to look through an intersectional lens — one that includes black women and women of color, transwomen, lesbians, differently-abled women, immigrant women, women in poverty, and so on. Otherwise, our lens will remain limited, exclusive, and incomplete. In the field of education, we look at the ways that social identities such as language group and race intersect to shape a student’s classroom experience. We try to understand how language identity, the skin that we speak, intersects with racial identities and identities as scholars in the classroom. More broadly, as we amplify the voices of the #MeToo survivors of Harvey Weinstein, are we remembering to listen to the young, black women abused by R. Kelly? As we celebrate the transwomen gaining visibility in popular culture, are we aware of the black and brown transwomen murdered weekly in the streets and in immigrant detention centers? Intersectionality allows us to look at the complicated landscape of social relations and unearth the ways that we address or obscure them.

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# WOMEN IN THE WORKFORCE

There are significant disparities among California women in the workforce. From the technology sector to elected office, women are underrepresented, and their (in)visibility has consequences.

## Occupations

Women comprise 41 percent of California's full-time civilian employed population 16 years and over. In selected specialized professions, California women continue to close the gender gap.<sup>17</sup> Women have achieved parity in post-secondary teaching and among judges and magistrates, and they appear to be closing the gender gap among attorneys and physicians/surgeons (FIGURE 3).

Of the five major occupational clusters tracked by the Census Bureau, more Californians (men and women) are employed in management, business, science, and art occupations than in any of the other occupational clusters.

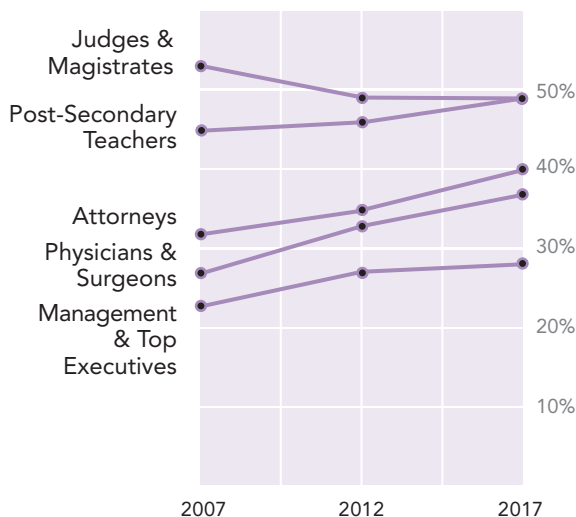
There are more women than men employed in management, business, science, and arts occupations; women also hold the majority of service and sales/office occupations. These account for over 90 percent of occupations held by working women (FIGURE 4).

## Women in Science, Technology, Engineering, and Mathematics (STEM) Fields

More than a million Californians (1.2 million) are employed in computer, engineering, and science occupations; one in four of these Californians (26 percent) is a woman.<sup>18</sup> Women make up nearly half of those employed in life, physical, and social sciences — being most heavily represented in the social sciences — but they comprise less than one in five in architecture and engineering fields.

White and Asian-American women make up more than three quarters of California's female workers in these fields. Only three percent or fewer African-American women are included in these occupations, while Latina representation ranges from 11 to 16 percent in STEM occupations (FIGURE 5).

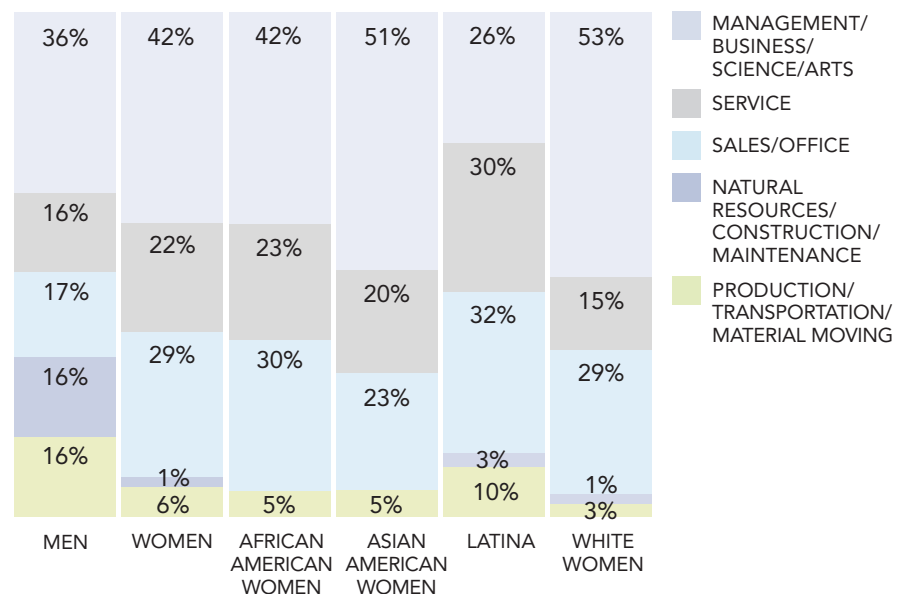
FIGURE 3 GROWTH IN THE PROPORTION OF CALIFORNIA WOMEN IN SELECTED PROFESSIONAL OCCUPATIONS



Note: These figures are for full-time working women.

Source: U.S. Census Bureau, 2017 American Community Survey (ACS) 1-Year Estimates

FIGURE 4 DISTRIBUTION OF CALIFORNIA'S EMPLOYED CIVILIANS AMONG OCCUPATIONAL CLUSTERS<sup>19</sup>

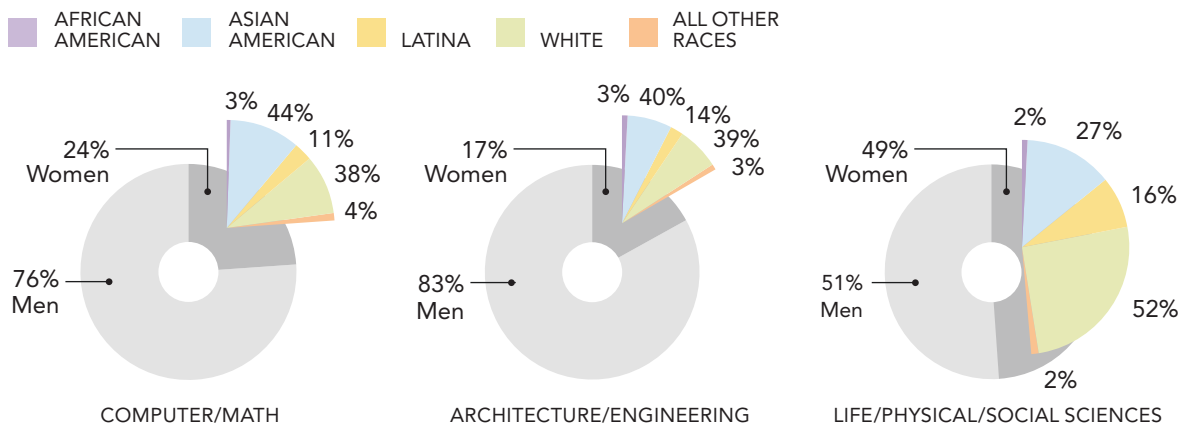


Note: These figures are for all full- and part-time workers. African-American and Asian-American women both have less than 0.5% in natural resources. Percentages in each column may not total 100% due to rounding.

Source: U.S. Census Bureau, 2017 ACS 1-Year Estimates



FIGURE 5 CALIFORNIA WOMEN EMPLOYED IN STEM FIELDS<sup>20</sup>



Note: STEM occupations are clustered and are for all civilian employed population 16 years and over.  
Source: U.S. Census Bureau 2017 ACS 1-Year Estimates

## Women in Business

**WOMEN-OWNED BUSINESSES.** There are more than 1.55 million women-owned businesses in California — more than in any other state. These businesses employ over one million people and account for nearly \$233 billion in sales annually. Women of color own 916,800 or 59 percent of these businesses.<sup>21</sup>

In California, eight percent of all women-owned businesses are owned by African-American women, 20 percent are owned by Asian-American women, 29 percent by Latinas, and 41 percent by white women. Among women-owned businesses in California, those owned by white women account for 62 percent of employment and 63 percent of sales revenue; businesses owned by Asian-American women account for 25 percent of employment and 25 percent of sales revenue. Overall, the growth of businesses owned by women of color over the last decade is remarkable. For example, African-American owned businesses grew by 91 percent between 2007–2018 and Latina owned businesses grew by 120 percent over the same period. (FIGURE 6).

**CORPORATE LEADERSHIP.** Across all businesses in California, women hold 41 percent (about 825,000) of all management positions.<sup>22</sup> Among these women managers, six percent are African American, 18 percent are Asian American, 22 percent are Latina, and three percent are of other races/ethnicities. Over half of women managers (51 percent) are white women.<sup>23</sup> Women hold only one in four top-level executive positions (28 percent).<sup>24</sup>

**CEOs.** Nationally, the percentage of Fortune 500 companies with a woman serving as CEO peaked in 2017 at six percent when 32 women served as CEOs; in 2018, the figure stood at five percent.<sup>25</sup> In 1995, there were no women serving as CEO of a Fortune 500 company. Among California's top 400 public companies in 2015, four percent had a woman CEO. Of the 19 women serving as CEOs of California's 400, 89 percent were white women and 11 percent (two) were Asian American (FIGURE 7).<sup>26</sup> (CONTINUED ON PAGE 9)

FIGURE 6 WOMEN-OWNED BUSINESSES IN CALIFORNIA, 2018

	Number of firms	Employment	Sales	% change in number of firms, 2007 – 2018
AFRICAN AMERICAN	123,800	40,700	\$4,916,300,000	91%
ASIAN AMERICAN	307,400	271,600	\$59,140,200,000	75%
LATINA	451,600	87,800	\$19,786,100,000	120%
WHITE	640,200	680,400	\$146,606,300,000	NA
TOTAL	1,557,000	1,089,300	\$232,631,400,000	50%

Note: These data are for all firms, including those that have no paid employees. Data for white, women-owned firms is the difference between firms owned by women of color and the California total. NA means data are not available.

Source: Ventureneer, 2018 American Express OPEN Report (current estimates based on U.S. Census 2012 Survey of Business Owners)

# A CLOSER LOOK:

## WHAT RECENT LEGISLATION HAS BEEN SIGNED INTO LAW THAT ADVANCES WOMEN & GIRLS IN CALIFORNIA?

The California Commission on the Status of Women and Girls, in partnership with Mount Saint Mary's University, turned a keen eye to evaluate the 2017–2018 California legislative cycle, during which 1,875<sup>27</sup> measures were signed into law by former Governor Brown. Seven key laws were identified

that collectively represent how policy can serve as a tool to work towards equity.

### **Women in the Workforce: Boards, Salary, and Legislation for Mothers**

#### **BOARD OF DIRECTORS.**

Mandates a baseline representation of female identified persons on the board of directors of each

publicly held corporation whose principal executive offices are in California. (SENATE BILL 826, JACKSON)

**DISCLOSURE OF SALARY HISTORY.** Prohibits employers from seeking salary history information and making a subsequent salary determination for applicants, thereby improving pay equity. (ASSEMBLY BILL 168, EGGMAN)

**LACTATION ACCOMMODATION.** Requires employers to designate an area close to the workspace — excluding bathrooms — for employees who wish to express breast milk. (ASSEMBLY BILL 1976, LIMÓN)

### **Enhancing Protection for Minors**

#### **MARRIAGE AND DOMESTIC PARTNERSHIP: MINORS.**

Ensures additional levels of protection before a youth may marry or establish a domestic partnership by 1) providing information about their rights of termination and dissolution directly to children and 2) requiring involved parties to participate in premarital counseling. (SENATE BILL 273, HILL)

### **Coercion and Expedited Assistance**

**EXTORTION.** Expands the crime of extortion to include consideration of sexual conduct or images of intimate body parts. (SENATE BILL 500, LEYVA)

**CALWORKS MODIFICATIONS.** Authorizes domestic violence survivors who are recipients of California Work Opportunity and Responsibility to Kids (CalWORKs) benefits to be eligible for CalWORKs homeless assistance. (ASSEMBLY BILL 557, RUBIO)

### **School Sites as Resources**

#### **FEMININE HYGIENE PRODUCTS IN PUBLIC SCHOOLS' RESTROOMS.**

Requires public schools serving students — grades six to 12 — that meet the 40 percent pupil poverty threshold required to operate a federal Title I schoolwide program to always stock at least 50 percent of the school's restrooms with no-cost feminine hygiene products. (ASSEMBLY BILL 10, GARCIA)

Undoubtedly, the support of male legislators continues to be central in the development and passage of laws impacting women and girls in California. However, female legislators continue to champion an overwhelming majority of these laws. In 2018, women held nine, or 23 percent, of the 40 state senate seats and 20, or 25 percent, of the 80 state assembly seats. Supporting and advocating for the rights of women and girls in California merits commitment from all our representatives across our state legislature.

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SEVEN KEY LAWS  
WERE IDENTIFIED  
THAT COLLECTIVELY  
REPRESENT HOW  
POLICY CAN SERVE  
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**DIRECTORS.** According to the most recent study of women business leaders in California released in 2015, 13 percent of the state's 400 company board members were women (up from nine percent in 2006).<sup>28</sup> In the same year, California's 90 public companies on the Fortune 1000 list included 17 percent women directors. Ninety percent of the women directors were white.

In the first quarter of 2018, women held 17 percent of seats on boards of the top 3,000 publicly owned companies nationally.<sup>29</sup> In 2017, just over one in five (22 percent) directors on Fortune 500 corporate boards across the nation were women. Over the past five years, the amount of women directors of Fortune 500 companies has increased by six percentage points.<sup>30</sup>

In an effort to close the gender gap in business leadership, California is the first state to require corporate boards of directors to include women. In fall 2018, Governor Brown signed into law a measure championed by State Senator Hannah-Beth Jackson. The new law requires publicly-traded corporations with headquarters in California to include at least one woman on their board of directors by the end of 2019; by July 2021, a minimum of two women must sit on boards with five members, and at least three women should be on boards with six or more members.<sup>31</sup>

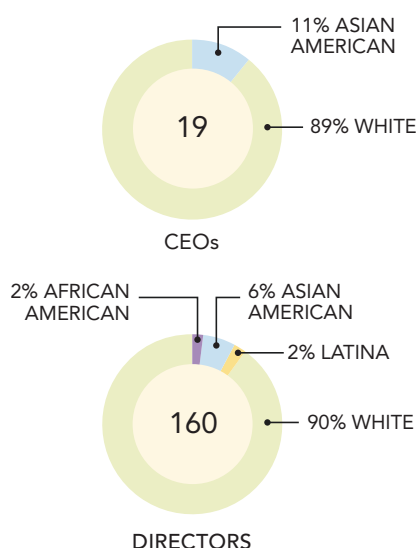
## Political Representation

**U.S. CONGRESS.** Across the nation, a record number of women (256) were on the ballot for Congress in the 2018 midterm elections; as a result, there are 127 women (24 percent) serving in the 116<sup>th</sup> Congress, the highest proportion of women in U.S. history.<sup>32</sup>

Among California's delegation to the 116<sup>th</sup> Congress, 36 percent (18 of the 53 representatives and both U.S. senators) are women. California's congressional delegation is diverse, with over half (55 percent) of its women identifying as women of color: three women are African American, five are Latina, two are Asian/Pacific Islander, and U.S. Senator Kamala Harris identifies as multiracial. Of California's 55-member delegation, 20 percent are women of color; nationally, 47 members of Congress — nine percent — are women of color (FIGURE 8).<sup>33</sup>

**CALIFORNIA STATE LEGISLATURE.** In the November 2018 general election, 36 women were elected to California's 120-body legislature.<sup>34</sup> Among California's 36 women legislators, 56 percent are women of color: three African Americans, two Asian Americans, 14 Latinas, and one identifying as multiracial.<sup>35</sup>

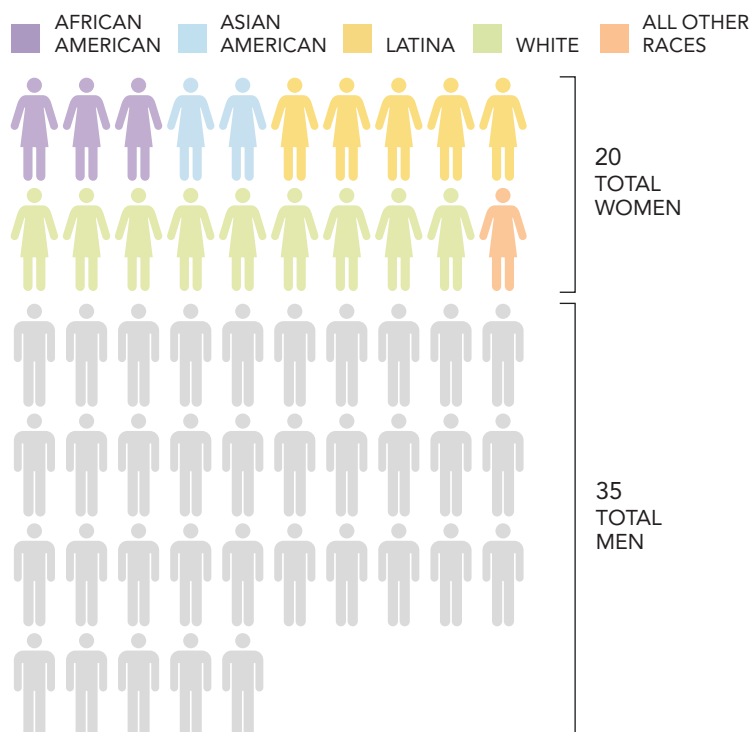
FIGURE 7 RACE/ETHNICITY OF WOMEN EXECUTIVES AMONG CALIFORNIA'S LARGEST PUBLIC COMPANIES, 2015 – 2016



Note: Diversity of CEOs is among California 400 businesses and includes two women CEOs appointed in 2015; diversity of directors is among California's 90 public companies on the 2015 Fortune 1000 list.

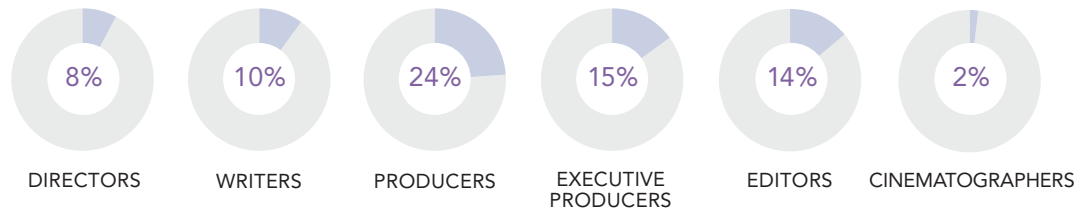
Source: UC Davis Graduate School of Management

FIGURE 8 CALIFORNIA REPRESENTATION OF WOMEN BY RACE/ETHNICITY IN THE 116TH CONGRESS, 2019 – 2021



Source: Center for American Women and Politics

FIGURE 9 REPRESENTATION OF WOMEN BEHIND THE SCENES



Source: Center for the Study of Women in Television and Film, San Diego State University

## Women in Film and Television

**WOMEN BEHIND THE SCENES.** In 2017's 100 top-grossing films, women held 16 percent of influential positions compared to 84 percent held by men.<sup>36</sup> Nearly one in four producers were women, with smaller proportions in other positions (FIGURE 9).

Of the 100 top-grossing films from 2007 to 2017, four percent were directed by women, and fewer than one percent were directed by women of color.<sup>37</sup>

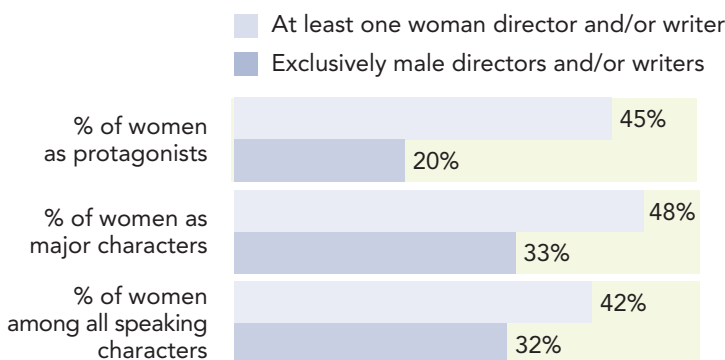
**WOMEN ON THE SCREEN.** The Geena Davis Institute on Gender in Media at Mount Saint Mary's University analyzed protagonists from the 100 top-grossing animated and non-animated family films (rated G, PG, and PG-13) from 2007 to 2017. The data show that, overall, male leads outnumber female leads by more than two to one: 29 percent of protagonists are female, and 71 percent are male. Only 14 percent of leading female characters are women of color, with white female leads in 86 percent of films.<sup>38</sup>

Twice as many men as women appear on-screen in all speaking roles in 2017's 100 top-grossing films: 34 percent of speaking characters were women and 66 percent were men. Among female speaking characters: 68 percent were white, 16 percent were African American, seven percent were Latinas, and seven percent were Asian American.<sup>39</sup>

The underrepresentation of women on-screen is directly related to the lack of women behind the scenes (FIGURE 10). In the 100 top-grossing films of 2017 with at least one woman director or writer, the number of females in leading and speaking roles is significantly greater than when there are no women in these positions.<sup>40</sup>

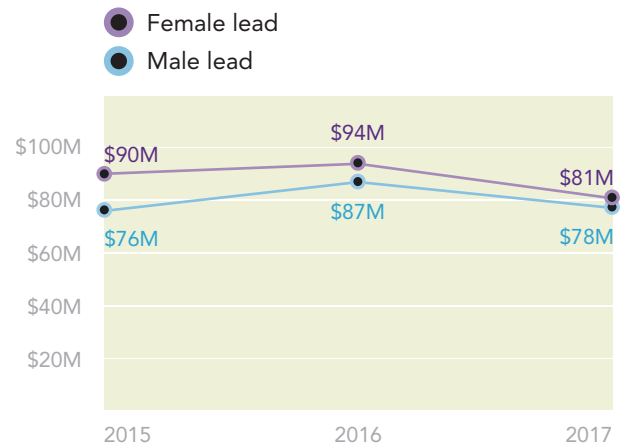
For most of the decade studied by the Geena Davis Institute on Gender in Media, the top 100 family films featuring male and female protagonists grossed roughly the same amount of revenue. However, in the final three years of that decade (2014–17), films with female leads outperformed films with male leads (FIGURE 11).<sup>41</sup>

FIGURE 10 WOMEN BEHIND THE SCENES  
INCREASE WOMEN'S PRESENCE ON-SCREEN



Source: Center for the Study of Women in Television and Film, San Diego State University

FIGURE 11 FILMS WITH FEMALE LEADS  
EARN MORE THAN FILMS WITH MALE LEADS



Note: 2015 data are for the 100 top-grossing non-animated films of 2015; 2016 and 2017 are for the top 100 family films featuring female and male protagonists.

Source: Geena Davis Institute on Gender in Media

# A CLOSER LOOK: WHERE ARE THE ASIAN-AMERICAN LEADING WOMEN IN FILM?

We know that film has a profound impact on how women and girls imagine themselves. Only three family films featured Asian-American women leads in the last decade. What does this mean for the three million Asian-American women and girls in California?

Out of all the directors of the Top 100 films from 2007–2017, only three percent identify as Asian American, and only two directors were Asian-American women.<sup>42</sup> In 2017, Asian Americans comprised just seven percent of the characters on television and in the 100 top-grossing films.<sup>43</sup> When Asian-American characters do appear on screen, they are often featured as stereotypes. For Asian-American women, gender and race collide in the “exotic,” “submissive,” “sexually promiscuous,” and “Dragon Lady” stereotypes. Additionally, filmmakers too often cast white actors to play Asian characters — for example, Scarlett Johansson in *Ghost in the Shell* (2017) and Emma Stone in *Aloha* (2015).

For too long, Hollywood has excluded Asian-American women. When women are missing in action, particularly women of color, movie studios reinforce the notion that they simply matter less than men. However, as actor and activist Geena Davis reminds us, “Media can be the cure for the problem it is creating.”

In 2018, we saw a breakthrough for films featuring Asian-American female leads and the portrayals of Asian-American characters. *Crazy Rich Asians*, the first blockbuster film since 1993’s *The Joy Luck Club* to feature an all-Asian cast, earned nearly \$200 million.<sup>44</sup> The film design delivers a stunning portrayal of clashing Eastern and Western worlds, class consciousness, and deeply embedded gender norms for Chinese women.

Netflix released the film, *To All The Boys I’ve Loved Before*, in 2018 — the first teen romance to feature an Asian-American lead. It follows the life of Laura Jean Song-Covey, a Korean-American high schooler who is presented as an independent, thoughtful, and creative young woman rather than as an Asian-American stereotype. However, it is important to note that Laura Jean’s father is white, and none of the boys she “loved” in the film are Asian. This fits Hollywood’s patterned depiction of major Asian female characters as the love interest of white men and Asian men as overtly desexualized, a stereotype *Crazy Rich Asians* shattered.

The success of projects like *Crazy Rich Asians* and *To All the Boys I’ve Loved Before* helps reshape the media landscape and shift our stereotypical narratives around Asian-American women. Audiences play a key role in ensuring these projects continue to be made. We can spend our time and money supporting entertainment media that expands representation and values the complex stories of women’s lives.

THE SUCCESS OF PROJECTS LIKE *CRAZY RICH ASIANS*... HELP RESHAPE THE MEDIA LANDSCAPE AND SHIFT OUR STEREOTYPICAL NARRATIVES AROUND ASIAN-AMERICAN WOMEN.

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# ECONOMIC WELL-BEING

Employment status, earnings, and educational attainment are all measures of women's progress. These are just a few indicators explored in this section to understand the racial and ethnic differences among women.

## Employment Status

Over half (54 percent) of all California women 16 years and older are employed; this figure is roughly consistent across all races and ethnicities.<sup>45</sup> The 2017 unemployment rate for California women aged 20–64 was six percent, but the percentage of unemployed women in the labor force varied widely by race/ethnicity, from a high of 10 percent for African-American women to a low of four percent for both Asian-American and white women (FIGURE 12).

Over the past decade, the unemployment rate for Californians 20–64 years of age peaked in 2011 at 12 percent. The unemployment rate has decreased since then and is now at six percent.<sup>46</sup>

## Earnings

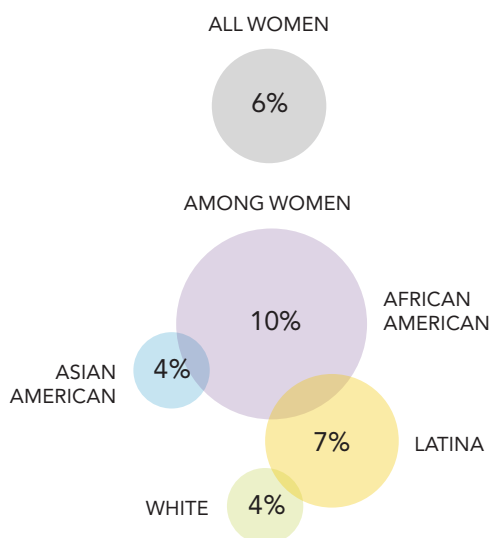
The median annual earnings of women 16 years and over who work full time are just under \$47,000.<sup>47</sup> Over half of working Asian-American and white women are employed in management, business, science, and arts occupations; one in three Latinas work in service and sales/office occupations. The variation in these distributions has an impact on the median income of women by race/ethnicity. The median salary for working women in these occupational clusters is highest for management, business, science, and arts occupations, which is two to three times the salary for service occupations (FIGURE 13).<sup>48</sup>

## Wage Equity

Although median wages depend on the distribution of jobs and the skills, training, and experience required to carry them out, studies have shown that a persistent factor in wage inequities is rooted in gender and racial stereotypes.<sup>49</sup>

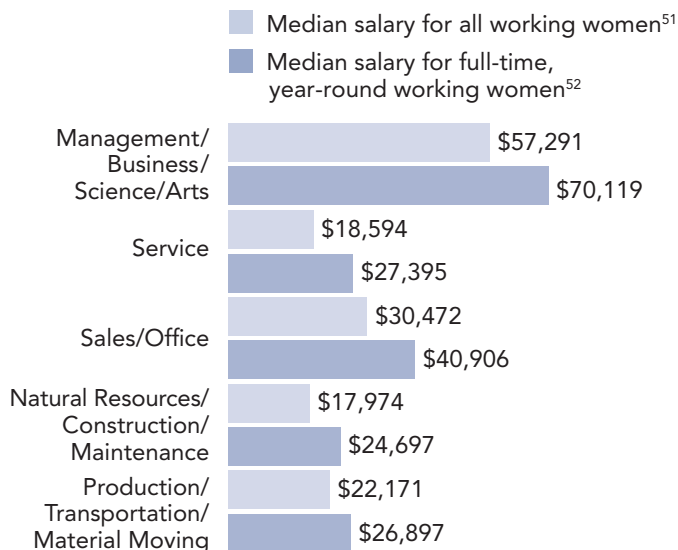
The wage gap is largest for Latinas, who earn 61 cents to every dollar earned by a man, or 43 cents to every dollar earned by a white man. Among women, Latinas earn 53 cents and African Americans earn 75 cents to every dollar earned by a white woman (FIGURE 14).

FIGURE 12 CALIFORNIA WOMEN'S UNEMPLOYMENT RATE BY RACE/ETHNICITY, 2017<sup>50</sup>



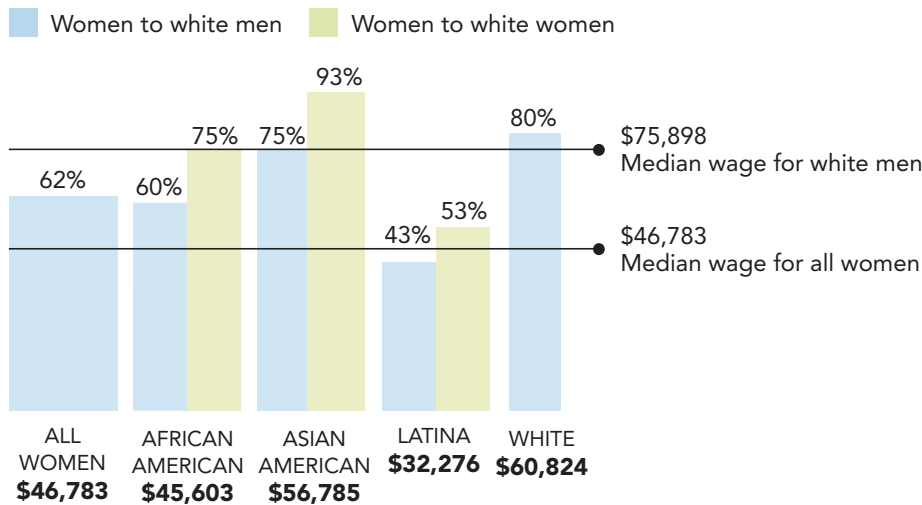
Note: These figures are for California women 20–64 years of age.  
Source: U.S. Census Bureau, 2017 ACS 1-Year Estimates

FIGURE 13 MEDIAN WAGES FOR CALIFORNIA WOMEN BY OCCUPATIONAL CLUSTER



Note: 'All working women' refers to full-time, part-time, and seasonal workers.  
Source: U.S. Census Bureau, 2017 ACS 1-Year Estimates

FIGURE 14 CALIFORNIA WOMEN'S WAGES AS A PERCENTAGE OF WHITE MEN'S AND WOMEN'S FOR FULL-TIME WORKERS<sup>53</sup>



Note: Data are selected for California's full-time, year-round workers 16 years and over.  
Source: U.S. Census Bureau, 2017 ACS 1-Year Estimates

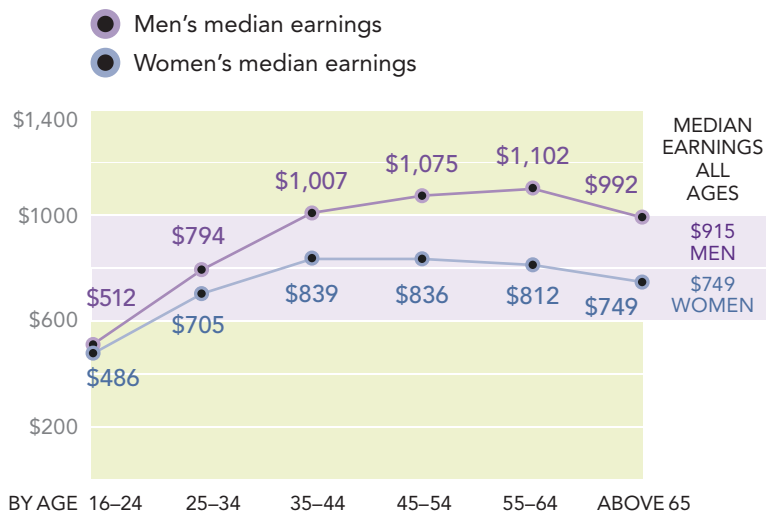
The earnings gap between men and women increases with age. Women reach their peak earning years in mid-career between ages 35–44, and their earnings remain roughly static through 54 years of age, when median earnings begin to decline. Conversely, men's earnings steadily increase until the end of their professional careers, peaking at 55–64 years. After the age of 65, median earnings of both women and men decrease (FIGURES 15–16).

### Poverty

Nearly 5.2 million or 13 percent of Californians<sup>54</sup> have an annual income less than the federal poverty level (FPL) of \$12,500 per individual or \$25,000 for a family of four;<sup>55</sup> six percent of Californians live in extreme poverty, with an individual income less than half of the FPL.<sup>56</sup>

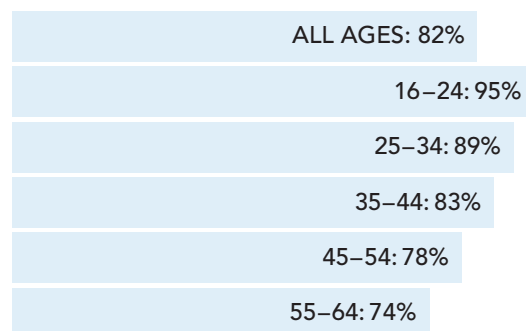
Poverty rates vary by age, with 28 percent of California females living in poverty under the age of 18 years and 12 percent over 65 years. More notable than age is the variation of poverty rates among racial/ethnic groups. Roughly one in five African-American women and Latinas live in poverty (FIGURE 17). (CONTINUED ON PAGE 15)

FIGURE 15 U.S. WOMEN'S AND MEN'S WEEKLY EARNINGS BY AGE, 2016<sup>57</sup>



Source: Bureau of Labor Statistics

FIGURE 16 WOMEN'S EARNINGS AS A PERCENT OF MEN'S BY AGE



Source: Bureau of Labor Statistics



# A CLOSER LOOK: DOES AGEISM IMPACT WOMEN'S EARNINGS?

"Implicit bias" has become a term so common that it is referenced on news broadcasts and in social media. Defined as "attitudes or stereotypes that affect our understanding, actions, and decisions in an unconscious manner," implicit bias is a contributing factor to many disparities we see in our world.<sup>58</sup> Biases, unconscious or conscious, can be held by individuals, organizations, and institutions.

A NEW STUDY FROM  
AARP FINDS THAT  
"OF 3,900 ADULTS (AGE  
45 AND UP) POLLED,  
61 PERCENT HAVE  
EXPERIENCED OR SEEN  
AGE DISCRIMINATION..."

When we think about women's advancement and gender equity, the first data point that many of us turn to is the gender wage gap. This Report demonstrates that women continue to be paid less than men for the same work, all things being equal. For example, the data shows that the wage

gap is largest for Latinas, who earn 61 cents to every dollar earned by a man, or 43 cents to every dollar earned by a white man. Yet these statistics do not reveal the significant impact that lower earnings have on women over a lifetime.

On the surface, the trend in women's earnings can be explained by raising wages as they build their careers, and stagnating wages if they "pause" to have children and return to the workforce. However, a Tulane University study examined the impact of listing a birthdate on a resume, finding that all applicants over 64 years old were less likely than younger applicants to receive interview requests.

Women aged 49–51 "had a significantly lower inquiry rate than younger women, ages 29–31, while middle-aged men did not follow the same pattern."<sup>59</sup>

A new study from AARP finds that "of 3,900 adults (age 45 and up) polled, 61 percent have experienced or seen age discrimination at work."<sup>60</sup> Among the 61 percent of participants who reported age bias, a staggering 91 percent of them believe that such discrimination is common.<sup>61</sup> Given the labor landscape, this means that older workers—particularly women—will face discrimination as they seek jobs after a traditional retirement age.

Earning less has a significant impact on a woman's life. Women are living longer than men on average, but often have smaller retirement funds. Across the United States, only 60 percent of Boomer women (aged 54–74) are married compared to 70 percent of Boomer men, which means fewer women are living in dual income households.<sup>62</sup> Women are also more likely to shoulder the responsibility of both child and parental care during their lives. In fact, 16 percent of Generation X (aged 39–53) and 21 percent of Boomer women are caregivers compared to 12 percent and 16 percent of men, respectively.<sup>63</sup> The cost of caregiving for a family is often forgotten.

The reality is that Americans are retiring later, and it's not always by choice. It can also be a result of financial need. Going forward, it is essential that organizations value women equally throughout their lives. Effective policies that facilitate opportunities for an aging workforce to work longer are a necessity if we want to combat implicit bias and ageism.

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FIGURE 17 CALIFORNIA WOMEN AND GIRLS LIVING AT OR BELOW THE FEDERAL POVERTY LEVEL<sup>64</sup>

	ALL FEMALES	AFRICAN AMERICAN	ASIAN AMERICAN	LATINA	WHITE
All women and girls	2,820,135	249,393	323,683	1,459,869	692,973
Below 18 years	786,631	66,704	50,837	544,522	97,323
65 years of age or older	349,979	26,303	68,471	98,182	149,202
POVERTY RATE	14%	22%	11%	19%	10%

Source: U.S. Census Bureau, 2017 ACS 1-Year Estimates

Among the nearly 8.9 million California households for which poverty status was determined, 10 percent exist on incomes below the FPL. Households headed by women are particularly hard hit, with nearly one-fourth (23 percent) of all households headed by a woman (no partner present) living in poverty. Where the female householder lives with her own children (i.e., a single mother), the poverty rate climbs to 36 percent.<sup>65</sup>

### Educational Attainment

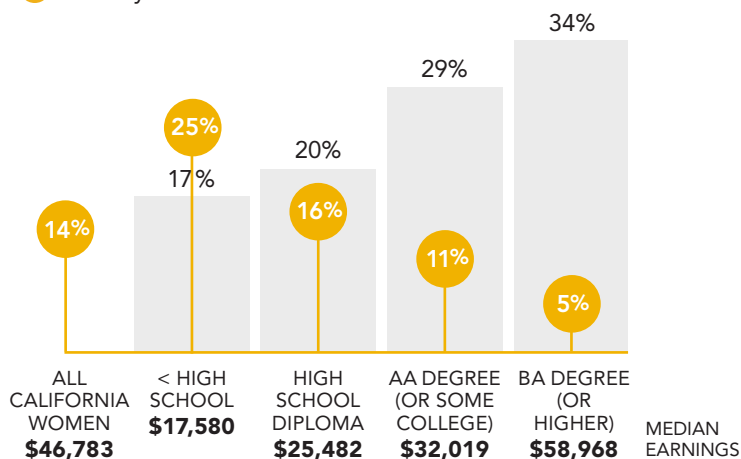
There is notable economic disparity among California women, which is greatly impacted by education level. Women with a bachelor's degree earn twice as much as those who only have a high school diploma and three times more than those who have not earned a high school diploma. Women who only have a high school diploma are three times more likely to live in poverty than those with a baccalaureate degree or higher (FIGURE 18).

Given education's positive impact on economic well-being, the good news is that the percentage of women receiving baccalaureate degrees is higher among younger women: 40 percent of women between ages 25–34 have a bachelor's degree or higher, while only 32 percent of women from ages 45–64 have earned a bachelor's degree or higher (FIGURE 19).<sup>66</sup> This trend is observed among all racial and ethnic groups as a greater proportion of women are earning bachelor's degrees or higher in 2017 than in previous years.<sup>67</sup>

As a group, California's lesbian, bisexual, and transgender (LBT) women have a comparable level of educational attainment relative to the general population of women. In the LBT community, 37 percent have attained a high school diploma and 32 percent have some college experience. Sixteen percent have attained a baccalaureate degree, while 15 percent have a graduate degree.<sup>68</sup> Regardless of comparable educational attainment, the unemployment rate among California's LBT women is higher than for non-LBT, and a greater percentage of LBT women have an annual income less than \$24,000 compared to their non-LBT counterparts (26 percent and 24 percent, respectively).<sup>69</sup>

FIGURE 18 EDUCATIONAL ATTAINMENT AND POVERTY OF CALIFORNIA WOMEN<sup>70</sup>

■ % of women by educational level  
● Poverty rate

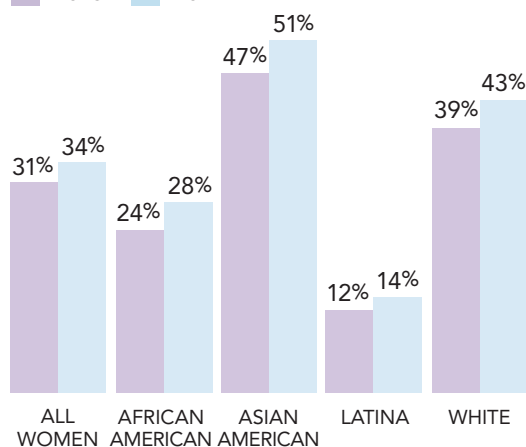


Note: These statistics are for California women 25 years and over.

Source: U.S. Census Bureau, 2017 ACS 1-Year Estimates

FIGURE 19 CALIFORNIA WOMEN WITH A BACHELOR'S DEGREE OR HIGHER

■ 2013 ■ 2017



Note: This population is women who are 25 years and over.

Source: U.S. Census Bureau, ACS 1-Year Estimates

# HEALTH & WELLNESS

Women’s health — both mental and physical — matters. When women are healthier, their families and communities are stronger. This section underscores where women’s health indicators differ, such as substance abuse, chronic illness, and maternal and infant health.

## Leading Causes of Death by Disease

For all Californians, regardless of sex, race, or ethnicity, heart disease and cancer are by far the leading causes of death. Strokes account for the third-leading cause of death, with more women dying of stroke and high blood pressure than men.<sup>71</sup> In addition, the death rate of California women who die of Alzheimer’s disease is more than double the rate for men.

Alzheimer’s disease is the fourth-leading cause of death among women of color. Among African-American women, Asian-American women, and Latinas, African-American women have notably higher death rates for all leading causes of death.

## Chronic Conditions by Race and Ethnicity

Asthma, diabetes, hypertension, and heart disease are among the leading chronic conditions experienced by women in California (FIGURE 20).

**ASTHMA.** A greater proportion of women than men report having asthma. African-American women have the highest rate among women, with more than triple the average of all women.<sup>72</sup>

**DIABETES.** The prevalence of diabetes varies by race/ethnicity and ranges from 9–24 percent, with white women and men having the lowest rate and Native Americans having the highest.<sup>73</sup>

**HYPERTENSION.** Hypertension and associated renal disease is the ninth-leading cause of death for Californians. In 2017, nearly half (46 percent) of African-American women and men in California reported having high blood pressure, compared to one in four Latinos (25 percent).<sup>74</sup>

**HEART DISEASE.** Heart disease is the leading cause of death among all California men and the second leading cause among California women.<sup>75</sup> African-American women in California are hospitalized for heart disease at roughly 1.5 times the rate of Latinas and white women.<sup>76</sup>

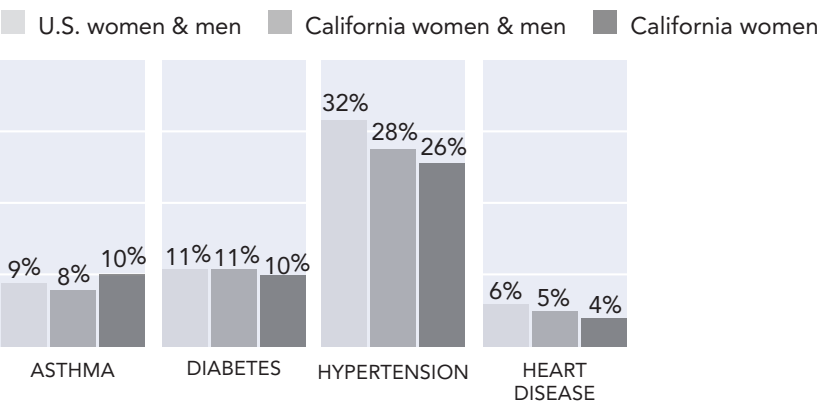
## Mental Well-Being

Mental health and well-being are important for maintaining good physical health and leading a productive life. Common and treatable mental disorders include a spectrum of anxiety disorders, depression, and mental illnesses. These conditions are often a result of drug addiction.

**DEPRESSION.** Across the nation and in California, women are more likely to report mental health issues than men. In 2017, 39 percent of California women, compared to 29 percent of men, reported that their mental health was “not good” at least one day in the

(CONTINUED ON PAGE 19)

FIGURE 20 PERCENT OF POPULATION WITH A CHRONIC CONDITION, 2017<sup>77</sup>



Note: These figures are for persons who have reported being currently diagnosed with the condition.  
Source: Kaiser Family Foundation, Health Status State Indicators

# A CLOSER LOOK: IS WEIGHT BIAS A HIDDEN HEALTH RISK?

According to the Centers for Disease Control and Prevention, most chronic conditions are related to a short list of risk factors, including tobacco use, poor diet, and lack of physical activity.<sup>78</sup> Overwhelmingly, obesity is viewed as an outcome of poor diet and lack of exercise, and it is considered a risk that is connected to chronic disease and death. Most people assume that being overweight or obese is a “lifestyle risk” related to individual behavior, a term that places the onus on the individual to manage their size and, therefore, their health. However, missing from the CDC’s list of risk factors for chronic conditions is weight stigma.

Weight stigma, weight bias, or weight-based discrimination is defined as “the social devaluation and denigration of people perceived to carry excess weight, [which] leads to prejudice, negative stereotyping, and discrimination toward those people.”<sup>79</sup> After age, sex, and race, weight-based discrimination is the fourth most prevalent form of discrimination among adults.<sup>80</sup> Overweight women experience greater discrimination than overweight men, likely because stricter weight standards are applied to women.<sup>81</sup> Research has shown that experiencing weight stigma and engaging in the pursuit of weight loss are to blame for some or all of the poor health outcomes attributed to being overweight.

Having a body mass index (BMI) in the overweight or obese range has consistently been considered detrimental to health. However, a UCLA study found that 54 million Americans are labeled obese or overweight according to their BMI, but that they are actually metabolically healthy.<sup>82</sup> Using size as a proxy for health may exacerbate weight stigma, which comes with health risks of its own. People who reported long-term weight discrimination had twice the risk of elevated blood sugar and

cholesterol, and they had increased markers for inflammation compared to participants of similar BMI who experienced no weight discrimination.<sup>83</sup>

One common setting for weight-based discrimination is within the healthcare system. Doctors are the most frequent source of weight stigma reported by women and the second most frequent source reported by men.<sup>84</sup> Weight bias from healthcare providers has been shown to result in misdiagnoses and misattributions of symptoms based on weight, a greater likelihood of being prescribed a diet instead of necessary interventions for actual health conditions, and patients delaying care out of fear of feeling unwelcome, alienated, and/or disrespected.<sup>85</sup>

Society and the healthcare system perpetuate this weight-management paradigm. Many believe that with enough effort, people can lose weight and keep it off permanently. Yet, it is that very belief that may lead to poor health outcomes among people with obesity. Research shows that people who are overweight are not automatically unhealthy by virtue of their size. Body weight can become a health risk in the presence of weight bias. Though research is limited on the intersection of weight bias and other types of discrimination, the compounding effect of weight bias, sexism, and race-based discrimination may pose a real risk to health.

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AFTER AGE, SEX, AND RACE, WEIGHT-BASED DISCRIMINATION IS THE FOURTH MOST PREVALENT FORM OF DISCRIMINATION AMONG ADULTS.

# A CLOSER LOOK: WHY ARE ADDICTIONS TO OPIOIDS AT EPIDEMIC PROPORTIONS?

Greater opioid use among women has also meant greater rates of opioid use among pregnant women. According to the National Institute of Drug Abuse, an infant is born addicted to opioids every 25 minutes. Nationwide, the rate of opioid use disorder among women delivering babies has more than quadrupled over the 15-year period ending in 2014.<sup>86</sup> As reported by the Centers for Disease Control and Prevention (CDC), California saw approximately 1.6 cases per 1,000 delivery hospitalizations in 2011.<sup>87</sup> This brings up the question:

How did we get here, and what is California doing about it?

NATIONWIDE, THE RATE OF OPIOID USE DISORDER AMONG WOMEN DELIVERING BABIES HAS MORE THAN QUADRUPLED OVER THE 15-YEAR PERIOD ENDING IN 2014.

The National Institute of Drug Abuse explains that a major contributor to this epidemic took place in the 1990s when pharmaceutical companies reassured the medical community

that prescription opioid pain relievers would not lead to addiction.<sup>88</sup> During this time, we also faced increased concerns with undertreating pain and an increased effort to recognize the importance of addressing pain in patient treatment, outcome, and experience.<sup>89</sup> Medical providers soon began prescribing opioids at greater rates. Decades later, we now know that 80 percent of heroin users

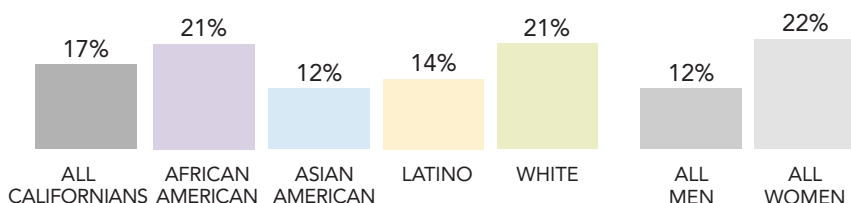
became addicted to the drug only after they had first been prescribed opioid pain relievers, and that by 2015 nearly half of all prescriptions in California were for opioids.<sup>90</sup>

As prescription rates continued to rise in the 1990s, the use and availability of heroin also increased. By 2007, 98 percent of heroin was being imported to the United States from South America, rather than Southeast Asia. This drastically reduced the price per gram from \$3,260 in 1981 to \$465 in 2012.<sup>91</sup> This decrease in price and increased accessibility paved the way for many patients to move from opioid prescriptions to heroin because it was easier to obtain and more affordable.

Presently, the opioid epidemic has been acknowledged at both state and federal levels, but what exactly is California doing to assist with this crisis? In 2017, the California Department of Public Health (CDPH) acknowledged the overuse of prescription opioids as a national crisis. In a letter to health care providers and prescribers, the CDPH sought to align themselves with the CDC in implementing opioid prescribing guidelines, suggesting strategies for assisting high-risk patients and providing information about California's prescription drug monitoring program, CURES.<sup>92</sup> As of October 2, 2018, all licensed prescribers and dispensers in California are required to consult CURES within the 24-hour period prior to prescribing, ordering, administering, or furnishing an opioid controlled substance.<sup>93</sup>

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FIGURE 21 CALIFORNIA MEN AND WOMEN DIAGNOSED WITH DEPRESSION, 2017<sup>94</sup>

Note: Diagnosed with depression includes those who answered “yes” to the question: Have you ever been diagnosed by a medical professional for depression? Disaggregation of data by gender is not given for prevalence based on race/ethnicity.

Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance Survey

previous month.<sup>95</sup> Women are roughly twice as likely as men to be diagnosed with depression by a medical professional. Californians tend to be less depressed than those across the nation: 20 percent of people nationwide have been diagnosed with depression compared to 17 percent of Californians (FIGURE 21).

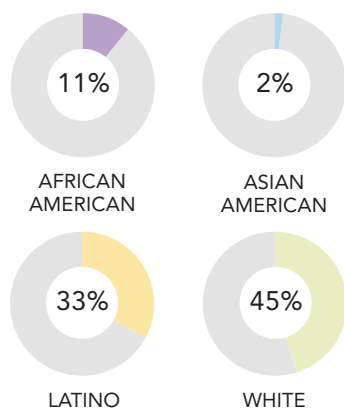
Nationally, lesbian, gay, bisexual, transgender, and queer (LGBTQ) individuals are two to three times more likely than heterosexuals to experience depression, anxiety, and substance misuse.<sup>96</sup> This may result from repeated experiences related to harassment and bullying over a lifetime.

In California, 61 percent of lesbian, gay, or bisexual (LGB) students in grades seven, nine, and 11 felt sad or hopeless almost every day for several weeks in a row, compared to 29 percent of heterosexual students.<sup>97</sup> Nearly half (49 percent) of LGB students contemplated suicide (compared to 13 percent of heterosexual students), and 21 percent of California’s LGB students in grades nine and 11 attempted suicide (compared to 8 percent of their heterosexual peers).

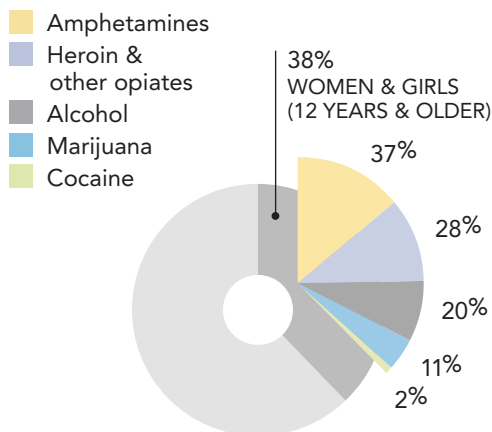
**SUBSTANCE ABUSE.** An estimated 11 percent of Californians over 25 years of age and 26 percent of those aged 18–25 use illegal drugs. These figures are higher than the rest of the nation’s, which are estimated at nine percent and 24 percent, respectively.<sup>98</sup>

Over 152,000 Californians were admitted to publicly funded substance-use treatment facilities in 2016; nearly half were white women and men (FIGURE 22). Thirty-eight percent of Californians admitted to drug treatment programs were women and girls (FIGURE 23).

Across the nation, the use of opioids — including heroin and the synthetic opioid, fentanyl, as well as prescription pills like oxycodone, hydrocodone, codeine, and morphine — is at epidemic proportions. Opioids cause more than 115 deaths across the United States every day.<sup>99</sup> In 2016, nearly five out of every 100,000 deaths in California resulted from an opioid-related overdose. Nearly half (48 percent) of all prescriptions written in California in 2015 were for opioids.<sup>100</sup>

FIGURE 22 CALIFORNIA MEN AND WOMEN ADMITTED TO SUBSTANCE-USE TREATMENT FACILITIES BY RACE/ETHNICITY<sup>101</sup>

Note: Percentages may not total 100% due to rounding. The percentage for Asian Americans includes Pacific Islanders.  
Source: Substance Abuse and Mental Health Services Administration

FIGURE 23 PERCENT OF DRUG TREATMENT PROGRAMS FOR ADMITTED CALIFORNIANS<sup>102</sup>

Note: Percentages for each group may not total 100% due to rounding.  
Source: Substance Abuse and Mental Health Services Administration

## Maternal and Infant Health

**MATERNAL HEALTH.** The United States has one of the highest maternal mortality rates of any developed nation. The rate of women dying as a result of pregnancy in the United States has risen steadily since 1987.<sup>103</sup> In contrast, California's maternal death rate declined by 55 percent between 2006 – 2013.<sup>104</sup> In 2013, the U.S. maternal death rate was 22 per 100,000 births, while in California the rate was 7.3.<sup>105</sup> Racial disparities persist in California with African-American mothers dying at three times the rate of all other races.<sup>106</sup>

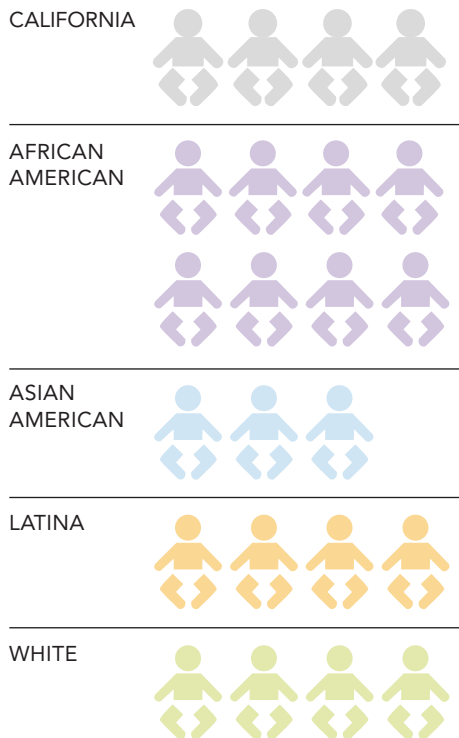
**INFANT HEALTH.** California's infant mortality rate is lower than the nation's. In 2016, the infant death rate in California was 4.2 per 1,000 births compared to 5.9 per 1,000 births at the national level.<sup>107</sup> African-American babies die at roughly twice the rate of babies born to Latinas (FIGURE 24).

A common cause of infant deaths, aside from birth defects, is related to preterm birth or low birth weight. African-American babies in California are born with low birth weight at double the rate of white babies, and they are more likely to be born premature (FIGURE 25).<sup>108</sup>

**BREASTFEEDING.** Breastfeeding is an important health factor for both infants and mothers.<sup>109</sup> Breastfeeding has also been correlated with a decreased risk of Sudden Infant Death Syndrome.<sup>110</sup> Mothers who nurse their babies have a lower risk of developing heart disease, high cholesterol, high blood pressure, type 2 diabetes, and breast cancer.<sup>111</sup> All maternal infant organizations recommend exclusive breastfeeding for the first six to 12 months of life.<sup>112</sup>

Support for breastfeeding initiation is mandated in all California hospitals,<sup>113</sup> and California mothers initiate breastfeeding at higher rates than mothers across the United States.<sup>114</sup> However, racial disparities persist with African-American babies being breastfed at significantly lower rates than white babies.<sup>115</sup>

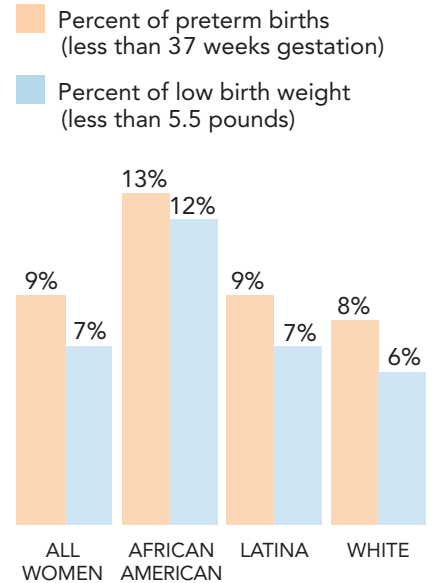
FIGURE 24 INFANT MORTALITY RATE BY MOTHER'S RACE/ETHNICITY PER 1,000 BIRTHS



Note: Rates for infant mortality are based on deaths of infants up to one year of age per 1,000 live births. These numbers have been rounded.

Source: Centers for Disease Control and Prevention, National Center for Health Statistics

FIGURE 25 CALIFORNIA PRETERM AND LOW BIRTH WEIGHT BY RACE/ETHNICITY



Note: Figures for Asian Americans are not available.

Source: Kaiser Family Foundation, California Health Status Indicators



# A CLOSER LOOK: HOW HAS HISTORY IMPACTED THE POOR HEALTH OUTCOMES OF BLACK MOTHERS AND INFANTS?

Motherhood in the United States is less safe than it is in ten other developed nations,<sup>116</sup> and it is particularly dangerous for Black\* mothers and babies.<sup>117</sup> Black mothers in the United States suffer more interventions, complications,<sup>118</sup> and deaths<sup>119</sup> than all other racial and ethnic groups. In all maternal and infant health studies, Black infants and mothers have the worst outcomes.<sup>120</sup> These persistent health inequalities are rooted in systemic and institutional sexism and racism.

In order to better understand the United States' current maternal and infant health crises, one must consider the historical context. The late 1800s saw the beginning of the U.S. maternity care system, and the sexist and racist approaches to women and birth at the time influenced the creation of that system.<sup>121</sup> A combination of economic motivation, racism, and anti-immigrant sentiment further influenced the medical community to view midwives as inferior, "unscientific" competitors in the birth business

BETWEEN 1910 – 1950, TENS OF THOUSANDS OF BLACK AND IMMIGRANT MIDWIVES WERE PUSHED OUT OF THE WORKFORCE, UNABLE TO MEET TIGHTENING REGULATORY RESTRICTIONS ENFORCED ON THEIR PRACTICE.

that needed to be eliminated. Combined with the politics of the day, these views led to a systematic medicalization of birth and an invalidation of the practice of midwifery.<sup>122</sup> Between 1910 – 1950, tens of thousands of Black and immigrant midwives were pushed

out of the workforce, unable to meet tightening regulatory restrictions enforced on their practice. Care for Black and poor mothers and babies deteriorated. The southeastern states were hit especially hard. In this region, women previously served by Black midwives had very limited access to care. As a consequence, today the southeastern states have

the highest numbers of Black births with some of the worst maternal care outcomes in the nation.<sup>123</sup>

Black women in the United States have experienced generations of racism and reproductive trauma. During slavery, Black women were valued for their ability to produce more slaves. Enslaved women were subjected to sexual abuse and rape. Black women were instrumental in the development of modern gynecology as both consenting subjects as well as operating room assistants in medical reproductive experiments.<sup>124</sup> During segregation, access to healthcare was either inferior or unavailable. Since its beginning, the U.S. healthcare system has been an unsafe place for Black women and babies.<sup>125</sup>

Current discussions of how to understand and address health inequality center around the social determinants of health.<sup>126</sup> The health of the baby is tied to the health of the mother; consequently, the health of the pregnant person is closely tied to the environment in which they live. Access matters — not only access to quality healthcare, but access to clean water, air, food, exercise, education, meaningful work, and a safe place to sleep collectively impact health outcomes. The complex intersectional web of social, economic, legal, and criminal justice systems impact health outcomes for mothers and babies. Improvement of the current maternity care system is possible and will take multi-disciplinary teams led by those who have been most marginalized.<sup>127</sup>

*\*In this piece, the term "Black" describes the people of the African diaspora. The use of the capital B is intentionally adopted by the author.*

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For more on this topic, read the *Collectif* contribution by Sarah Shealy. [MSMU.EDU/COLLECTIF](https://msmu.edu/collectif)

# SAFETY

Safety is a consideration for all women, but intersecting social identities (racial, ethnic, sexual orientation) can make it a much larger burden to bear. From hate crimes to incarceration and the dangers of human trafficking, communities of women must be hypervigilant. These issues and others are explored in this final chapter.

## Crimes

**HATE CRIMES.** In 2017, law enforcement agencies in California logged 1,093 criminal events classified as hate crimes. Hate crimes are criminal actions motivated by a bias. In 2017, bias against a person's race, ethnicity, or national origin accounted for 55 percent of hate crimes; sexual orientation accounted for 23 percent; religion accounted for 19 percent; gender identification accounted for three percent; and physical or mental disability motivated less than 0.5 percent. The number of assailants, victims, and hate crimes can vary in a single event, and there may be multiple intersecting biases involved (e.g. anti-black and anti-gay).<sup>128</sup>

Nearly half of the victims of racially motivated crimes were African Americans and 22 percent were Latinos. Half of the victims of religiously motivated events were Jewish and 22 percent were Muslim. Relative to sexual orientation, 69 percent of victims were gay men; transgender persons were victims of 83 percent of crimes motivated by gender identification.<sup>129</sup>

**SEXUAL ASSAULT.** Across the nation, one in three women and one in six men have experienced some form of sexual violence over the course of their lives. Data projections suggest that one in five women (and one in 71 men) will be raped at some point in their lives.<sup>130</sup> In 2016, women were sexually assaulted at nearly eight times the rate of men; sexual assault was the third leading cause of non-fatal, violence-related injury in the United States (FIGURE 26).<sup>131</sup>

In 2017, there were just under 15,000 rapes reported, a number that has increased steadily since 2014 when the definition of rape was expanded to include both female and male victims and various forms of sexual penetration. Just under 99 percent of those arrested for rape were men.<sup>132</sup>

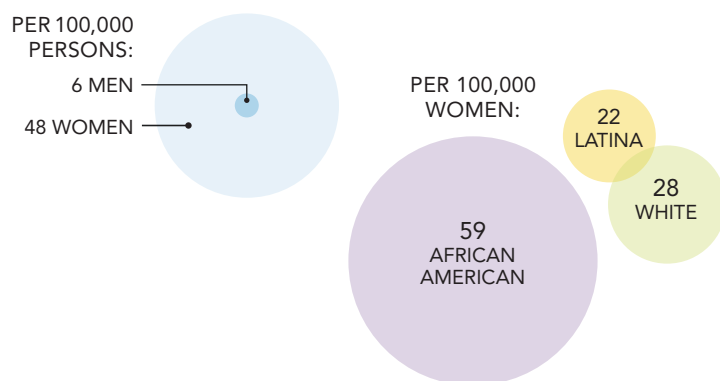
**DOMESTIC VIOLENCE.** Over the past decade, domestic violence-related calls reached a low of 151,000 in 2013, but now have climbed to just under 170,000 calls per year, roughly the number received between 2007–2009.<sup>133</sup>

In 2017, there were just over 1,800 victims of homicide in California; 20 percent of these victims were women (FIGURE 27).<sup>134</sup> While men are four times more likely than women to die as a result of homicide, women are much more likely to be killed by their spouse than men. Where the relationship of the victim to the offender is known, 21 percent of women are killed by their spouse compared to 0.3 percent of men.<sup>135</sup>

**HUMAN TRAFFICKING.** Human trafficking is a form of modern slavery in which women and girls are disproportionately victimized. Human trafficking is most commonly categorized into three types: sex trafficking, labor trafficking, and a combination of the two. California accounted for 15 percent of human trafficking cases reported across the United States in 2017 (FIGURE 28).<sup>136</sup>

(CONTINUED ON PAGE 25)

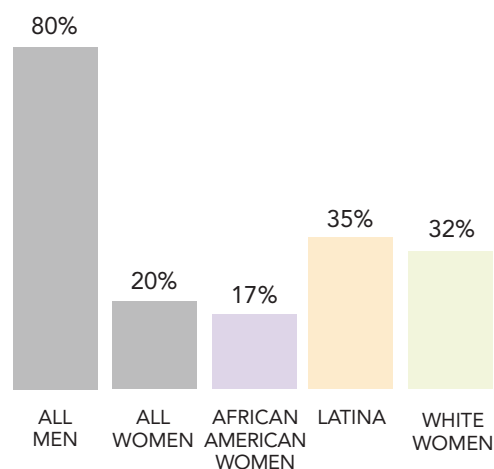
FIGURE 26 U.S. RATE OF SEXUAL ASSAULT, 2016



Note: These are national figures with the crude rate calculated from source data. Data for Asian-American women are not available in this source.

Source: Centers for Disease Control and Prevention, National Center for Injury Prevention and Control

FIGURE 27 CALIFORNIA'S HOMICIDE VICTIMS BY GENDER AND RACE, 2017



Note: Data for Asian-American women are not reported in this source.

Source: California Office of the Attorney General.



# A CLOSER LOOK: WHY ARE WE CRIMINALIZING YOUTH SURVIVORS OF SEX TRAFFICKING?

At 16 years old, Cyntoia Brown was tried and convicted for murdering a man who had purchased her for sex. Born into a household of neglect and substance abuse, Cyntoia had cycled into the child welfare system, ultimately ran away, and wound up homeless. Vulnerable and in need, she was exploited by a man who sold her for sex, and who repeatedly raped, intimidated, and abused her.<sup>137</sup>

SEXUAL ABUSE IS NOT  
ONLY A RISK FACTOR  
FOR EXPLOITATION,  
BUT ALSO A PRIMARY  
PREDICTOR OF GIRLS'  
ENTRY INTO THE JUVENILE  
JUSTICE SYSTEM.

Cyntoia's story highlights an alarming trend of at-risk girls ensnared in the commercial sex industry, and subsequently in the criminal justice system.

The commercial sexual exploitation of children (CSEC) disproportionately disenfranchises vulnerable girls like Cyntoia.<sup>138</sup> In

California, 89 percent of trafficking victims are female, and one in three are minors.<sup>139</sup> Exploiters target at-risk youth with a history of abuse or neglect, family criminal history, poverty, homelessness, and/or mental health challenges.<sup>140</sup> The link between child welfare and the commercial sex industry is alarming. Foster care children are pursued by pimps due to their desire for affection and protection. Similarly, child sexual abuse victims are targeted for their tendency to link love to sex and abuse.<sup>141</sup>

The intersections of sexual abuse, sex trafficking, and the prison state have been described as the "sexual abuse to prison pipeline." Sexual abuse is not only a risk factor for exploitation, but also a primary predictor of girls' entry into the juvenile justice system. Child welfare's inability to treat underlying trauma has been linked to behaviors

leading to subsequent arrests. Furthermore, trafficked children are frequently arrested — disproportionately girls of color — for prostitution offenses.<sup>142</sup> Victims escape the maltreatment, isolation, and control of sexual exploitation only to be thrust into the prison system of control and isolation, where they are often exposed to compounding traumas.<sup>143</sup>

Fortunately for Cyntoia, she was granted clemency in January 2019 after serving 15 years in prison. There are thousands of girls like Cyntoia, however, who still await justice. To prevent future injustices, we must decriminalize youth victims, expand comprehensive victim services for at-risk youth, and train youth-serving professionals on the intersections of sexual exploitation and racial and gender discrimination.<sup>144</sup>

The commercial sexual exploitation of children intersects with dating/intimate partner violence, rape culture, and misogyny, among other oppressive forces that normalize violence. Thus, an integrated approach to preventing and eliminating sexual exploitation is essential. Through the Mount Saint Mary's Lotus Initiative, comprehensive education and training allow us to equip our campus with the knowledge and tools necessary to prevent and respond to sexual and gender-based violence.

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# A CLOSER LOOK:

## WHY MIGHT SAFETY CONCERNS OF CALIFORNIA'S LESBIAN, BISEXUAL, TRANSGENDER, QUEER AND INTERSEX PEOPLE DELAY HEALTHCARE?

Looking at gender, sexuality, health, and safety through an intersectional lens highlights the fear and discrimination that can delay healthcare in lesbian, bisexual, transgender, queer, and intersex (LBTQI) people.

CALIFORNIA IS ONE OF TWO DOZEN STATES WITH LAWS PROHIBITING DISCRIMINATION IN EMPLOYMENT ON THE BASIS OF SEXUAL ORIENTATION AND GENDER IDENTIFICATION...

While over one million California women (5 percent of the female population) identified as lesbian, bisexual, or transgender (LBT),<sup>145</sup> data indicates that this number is probably much larger and that some women fear, and therefore avoid, acknowledging their sexual orientation because of the harassment

and discrimination they had experienced in early childhood and adolescence.

In California's public schools, lesbian, gay, and bisexual (LGB) adolescents experience more threats, bullying and harassment than non-LGB youth. In the 2017–18 school year, over half (59 percent) of LGB students were sexually harassed and 50 percent were made fun of because of their looks or the way they talked, compared to 36 percent of non-LGB students. This is an issue that extends beyond schools. In California, over one in five hate crimes (22 percent) are motivated by a victim's sexual orientation, and gender identity accounted for two percent of California's hate crimes in 2017.<sup>146</sup>

California has enacted a broad range of laws and policies that help to promote LGBTQI+ inclusion, equality, and safety. California is one of two dozen states with laws prohibiting discrimination in employment on the basis of sexual orientation

and gender identification; anti-discrimination laws apply to public accommodations throughout the state, and anti-bullying laws promote safe schools.<sup>147</sup> California is also the first state to introduce legislation to limit genital cosmetic surgery on intersex babies until they are able to consent (SB 201). Despite the existence of these laws, data shows that bullying and discrimination directed toward LGBTQI individuals persist and often extends into the healthcare sector.

A recent California study finds that despite lesbian and bisexual women having equivalent or higher rates of healthcare coverage than their straight counterparts, they are more likely to delay seeking medical care. Researchers found that "while just 18 percent of straight women reported delaying care, almost 30 percent of lesbians and bisexual women said they'd put off seeing a doctor."<sup>148</sup> The authors note that one potential explanation is that LGB adults are delaying or avoiding seeing a medical provider because they have experienced discrimination or unwelcome feelings in healthcare settings in the past. In other words, they may feel unsafe. For intersex folks, research shows inadequate access to psychosocial care<sup>149</sup> and potential discrimination in medical settings due to a lack of understanding of their condition and of issues of gender and sexual identity.

Only an inclusive society attending to the safety and well-being of all marginalized groups allows opportunities for all people to achieve their potential and to participate fully in promoting the common good. Understanding the status of California's LGBTQI+ community and the challenges they face is a first step to full integration of this growing population into California's socioeconomic fabric.

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Thirty percent of trafficking victims in California are minors; over 25 percent of trafficked persons are U.S. citizens or legal permanent residents. These statistics are similar to those of the nation.

## Incarceration

In December 2017, 130,000 inmates were incarcerated in California state prisons; 5,800 (four percent) of these inmates were women, a number that has been relatively consistent for the past two years. Relative to California's general population, African-American women are overrepresented in the prison population.<sup>150</sup>

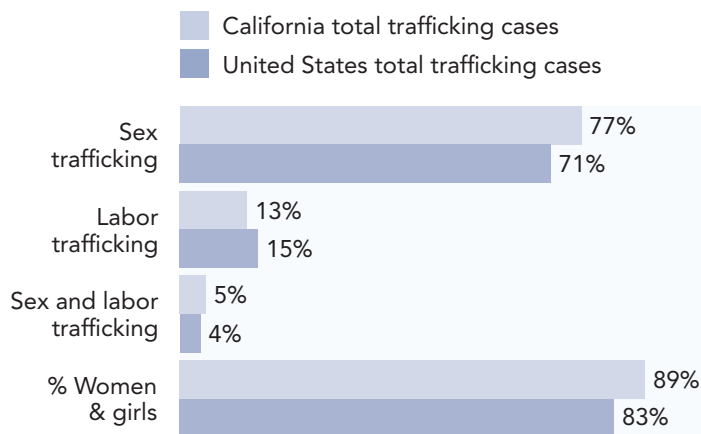
While African-American women account for six percent of California's female population, they account for 26 percent of the state's prison population (FIGURE 29).

Because the prison population is overwhelmingly male (over 90 percent), studies of the prison population frequently fail to adequately address problems specifically faced by women in custody. Incarcerated women face different problems than men. For example:

- Women are more likely than men to enter prison with a history of abuse and psychological distress.<sup>151</sup> As many as 85 – 90 percent of California's women inmates report being sexual or domestic abuse victims prior to incarceration.<sup>152</sup>
- Women have reproductive healthcare needs as the majority of incarcerated women are of reproductive age. In California, 10 percent are under the age of 25, and just under 20 percent are over age 50.<sup>153</sup>
- Most of California's female inmates (62 percent) are mothers of minor children and are likely to be the primary caretakers of their children. The incarceration of mothers can have far-reaching consequences for children, their families, and society.<sup>154</sup>

**RECIDIVISM.** Two main goals of the prison system are to deter crime and rehabilitate offenders. Unfortunately, the percentage of released prisoners across the United States who commit another crime or who are reconvicted — both measures of the recidivism rate — is high. For California women who have been previously incarcerated, 35 percent are rearrested within one year of being released; 77 percent are rearrested within nine years of being released compared to 84 percent of men.<sup>155</sup>

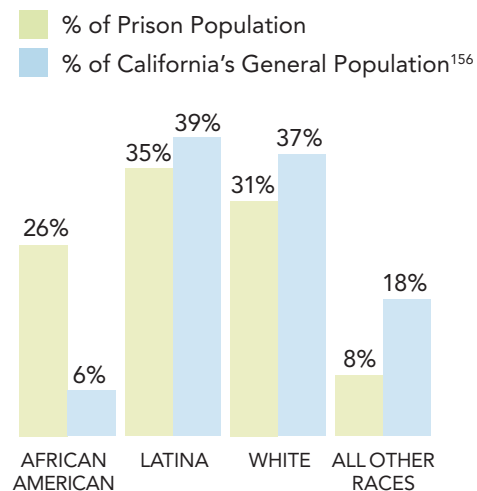
FIGURE 28 CALIFORNIA AND NATIONAL HUMAN TRAFFICKING CASES, 2017



Note: Nationally, there were 8,524 total trafficking cases in 2017. In the same year, trafficking cases in California totaled 1,305.

Source: Human Trafficking Hotline, the Polaris Project

FIGURE 29 CALIFORNIA'S FEMALE PRISON POPULATION BY RACE/ETHNICITY, 2017



Note: Data for Asian-American women are unavailable.

Source: California Department of Corrections and Rehabilitation; U.S. Census Bureau

# INTERSECTIONALITY TEACHES US WHERE DATA COLLECTION CAN IMPROVE

The Gender Parity & Inclusion in California chart (page four) summarizes our Report findings and illustrates women's progress toward parity both as one group and across racial/ethnic groups. Through this lens, racial and socio-economic patterns specific to minoritized women are uncovered to produce a more complete picture; however, a more complete picture is not a perfectly inclusive one. There is more work to do to sufficiently understand how women and girls of various social identities are faring across California.

Intersectionality is a powerful lens that brings into focus issues we might not otherwise see; in this case, it illustrates where data collection practices can improve. California's communities are diverse, composed of citizens whose backgrounds vary in race, socio-economic status, age, sexual identification and orientation, and ability. These communities are discussed in the Report to varying degrees.

INTERSECTIONALITY IS  
A POWERFUL LENS THAT  
BRINGS INTO FOCUS  
ISSUES WE MIGHT  
NOT OTHERWISE SEE...

Since our first Report in 2012, we have relied on statistics collected by the U.S. Census' American Community Survey (ACS) for the majority of the data. But the statistical approach of the ACS is limited by the requirement of randomized population samples of sufficient size in order to be meaningful, which does not permit us to address diversity in its many expressions. Additionally, in its current form the ACS does not include questions about all issues of interest to diversity and inclusion; for example, it does not include questions about sexual orientation or gender identity. The LGBTQI+ population in California, therefore, is largely invisible in U.S. Census data sets. To remedy this, Senators Kamala Harris (D-CA) and Tom Carper (D-DL) introduced a bill in July 2018 that would require questions related to sexual orientation and gender identity in the Census by 2030 on the grounds that "everyone should be counted and no one should be invisible."<sup>157</sup>

As we have always done, the Report highlights data generated from universities, think tanks, and non-profits in order to fill the gaps of the Census to better capture California's diverse population.

The good news is that many of the gender gaps we report on are narrowing. But the work of leveling the playing field is not done. We must work harder to capture data for groups that have been, so far, invisible and we must rely on a collection of sources rather than a few to understand the status of women and girls. In doing so, we will be more effective in our advocacy efforts so that all women and girls have opportunities to live the lives they desire.

# COLLECTIF

Each year, the Center for the Advancement of Women at Mount Saint Mary's University produces *Collectif*, a companion piece to *The Report on the Status of Women and Girls in California*. *Collectif* is an annual, online anthology of original writing created by University faculty and students, along with spotlights on the Center's work with community partners.

## **Why Are There So Few Women Pilots?:**

### ***A Comparative Case Study of Women Pilots in United States and Indian Aviation***

By Caitlyn Keeve, '20

**ABSTRACT.** This essay investigates workforce safety, the impact of gender-role stereotypes, access to STEM training, and professional support in order to explain why women are outnumbered by men in the pursuit of pilot licenses and careers. While the existing arena for women in aviation is slowly improving, the underrepresentation of women of color remains an issue. A comparative methodology is used to examine the similarities and differences between the United States and India with respect to supporting women's piloting goals.

**BIO.** Keeve is an Honors Scholar and a junior pursuing a bachelor's degree in psychology at Mount Saint Mary's. She serves as the student ambassador for the Center for the Advancement of Women. In her role, she works to engage students in gender equity initiatives through innovative programming, social media, and outreach on both campuses.

## **What Good is an Apology?:**

### ***Restorative Ethics in the Age of #MeToo***

by Aimée Koeplin, PhD

**ABSTRACT.** In October of 2017, two articles broke detailing Harvey Weinstein's decades of sexual assault and harassment of Hollywood celebrities. Along with high profile accusations came high profile public apologies. So, what makes an apology a good one? In this essay, a theory of apology as an expression of remorse at a wrong done for the purpose of "making up for" the moral harm is proposed.

**BIO.** Koeplin is a Los Angeles based writer and academic philosopher. She earned her PhD from the University of Washington in 2007. Her current research builds upon earlier work focused on ancient Greek philosophy, in addition to new projects in restorative ethics centered around the philosophical question: What is the good life for imperfect human beings in an imperfect world?"

## **Identity and History: Decentering the Narrative**

by Wendy J. McCredie, PhD

**ABSTRACT.** The stories and histories we tell ourselves, and that our families and our society or culture tell us, function like borders — borders that define not only who we are but also what we can become or envision. Literary texts open the possibility of revising not just our individual narratives, but our communal and cultural narratives as well. Toni Morrison's novel, *Song of Solomon*, provides its readers with such an opportunity. Like most of Morrison's works, this novel re-inscribes black American experiences onto the canvas of American history, expanding its frame and revealing new perspectives. The result is a complex and potentially liberating narrative that works to decenter the story and subvert any privileged voice.

**BIO.** McCredie came to Mount Saint Mary's in 2013 as provost and joined the faculty in 2015. She has held administrative and faculty positions at Mount Mary University and Texas Lutheran University. Her research interests include literature by women, ethics and literary language, and literary theory. She holds a PhD in comparative literature from the University of Texas at Austin.

## **U.S. Maternity Care in Crisis**

by Sarah Shealy, CNM, IBCLC

**ABSTRACT.** Birth is a physiologic process with strong emotional and spiritual components. Birth outcomes in the United States are among the worst compared to other developed nations. The development of the U.S. maternity care system occurred during a time in our history when racism and sexism were the norm. The medicalization of birth, combined with abrogation of midwifery practice in the United States, eliminated crucial social structures and supports that helped make birth safe. The results of this process can be seen in the infant and maternal health outcomes we have today.

**BIO.** Shealy is an assistant professor of nursing at Mount Saint Mary's. She is a certified nurse midwife, a board-certified lactation consultant, and a passionate educator. Her research interests include the use of visual art to enhance clinical observation skills. Shealy earned her degrees from Wellesley College and Yale University School of Nursing.

## **The Challenges of Cultural Proficiency for the African-American-Mexican Woman in *los Estados Unidos***

by Ana V. Thorne, PhD

**ABSTRACT.** Navigation of the social, racial, and ethnic strata of the *Estados Unidos* requires a degree of cultural proficiency on the part of its citizens, especially those of color. Cultural proficiency lies within the paradigm of identity formation against a backdrop of color coding, culture clash, and the social construction of race. This ethnographic narrative reveals direct correlations of lived experiences to larger social, political, and cultural accounts that shape aspects of a mixed-race identity and inform the characteristics implicated in the evolution of a Blaxicana identity.

**BIO.** Thorne teaches English, cultural studies, film/media studies, and creative writing at Mount Saint Mary's. Her short story, "Miss Mimi's Charm School," appears in the anthology, *Stories Through the Ages: Baby Boomers Plus 2018*. Thorne holds a PhD in Cultural Studies from Claremont Graduate University.

The papers above are available online at  
[MSMU.EDU/COLLECTIF](http://MSMU.EDU/COLLECTIF)



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Contact the Center's director, Emerald Archer, PhD,  
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## “A Closer Look” Contributors

*“A Closer Look” contributions are provided by faculty experts and partners. Each piece reflects the individual work and research of the writer.*

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City of Los Angeles Commission on the Status of Women

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